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State Medical Examiner

DIVISION OF FORENSIC SCIENCE

DEPARTMENT OF JUSTICE

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GUIDELINES FOR DEATH INVESTIGATION

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1515 E. 6th AVE.
HELENA, MONTANA 59620

There have been several requests from coroners for a uniform report on investigating a death. Since the information required can vary immensely, i.e. a motor vehicle death versus child abuse, I have never been able to find a completely satisfactory report. The closest thing I can come to is a series of report forms for individual type deaths called "Guidelines for the Medicolegal Investigation and Examination of Death". It is published by:

The Forensic Science Foundation Press
225 South Academy Blvd., #201
Colorado Springs, Colorado

MONTANA CORONERS ASSOCIATION

The members of the Montana Coroners Association have cordially invited anyone interested in death investigation to become an associate member for an annual fee of \$10.00. Inquiries may be sent to:

Coroner Mickey Nelson
228 Broadway
Helena, Montana 59601

TRAGIC LOSS

Dr. Allan McNie, the Director of The Institute of Forensic Science, passed away May 10, 1982 from a ruptured berry aneurysm. He had taught forensic science at the Montana Law Enforcement Academy for many years. Dr. McNie and I performed hundreds of medicolegal autopsies together during my residency in forensic pathology. We were fortunate enough to have him participate in our December course at the MLEA. Al loved to teach in Montana and planned to retire in Bozeman. We shall certainly miss his excellent presentations,

JUNE 1982

ON CALL SCHEDULE - MONTANA STATE MEDICAL EXAMINER

275 W. Front Street
Missoula, Montana 59802

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5 RON RIVERS
6 RON RIVERS	7	8	9	10	11	12 RON RIVERS
13 RON RIVERS	14	15	16	17	18	19 JOHN PFAFF
20 JOHN PFAFF	21	22	23	24	25	26 JOHN PFAFF
27 JOHN PFAFF	28	29	30			

Telephone Numbers: State Office - 728-4970
WATS Line - 243-5796

Home Phone: Dr. Ron Rivers- 728-2033 (Home)
(week nights call unless otherwise indicated)

Dr. John Pfaff - Great Falls
Hospital - 727-3333
Home - 727-3905

Dr. Ken Mueller- Billings
Hospital - 657-7000
Home - 248-3024

As the emergency room physician wiped his forehead he said, "I thought for a minute she was going to make it. What a waste. I wonder what she took. Better call the coroner on this one."

After the coroner had arrived, he asked how long she had lived. "About two and one-half hours." answered the doctor. "I hate to see young girls like this. She was just dumped on the hospital lawn and a car sped away. We pumped her stomach and took some blood, but the lab tests aren't back yet."

The nurse called the coroners attention to some healing transverse scars on the inside of the left wrist. "Do you think she committed suicide?" she asked. As the coroner examined the arm he said, "Maybe I'd better let the state toxicologist handle that question".

The doctor said, "Well, here's an extra tube of blood we took so you won't have to try to get some more". The coroner filled out an evidence receipt and stated, "Doc, I'm afraid we're going to need more than that. I'm going to order a complete autopsy by the medical examiner."

QUESTIONS TO BE CONSIDERED:

- 1) Why order a complete autopsy in a suicidal overdose?
- 2) What other evidence on the body may indicate a drug overdose?
- 3) What possessions or other items should be sent to the medical examiner in a drug overdose?
- 4) Besides the receipt, what else should be done to establish a proper chain of evidence?

ANSWERS

1. Blood, vitreous and urine are fluids that can be taken without an autopsy. Rather frequently they only show a therapeutic level of the drug at death. If a person lives awhile after taking a fatal dose of a substance the body will disperse it even after the damage has been done. People may die several days after carbon monoxide poisoning and have no traces of it at the time of death. However the brain will show the initial damage.

Some drugs are rapidly cleared from the bloodstream and may not yet have time to have entered the urinary bladder. Death may also occur before a lethal level appears in the urine. Thus the coroner is left with what, for all intents and purposes, is a suicide, but without chemical confirmation. Worse, there is now scientific evidence that there was not a lethal dose of drugs present.

The most important sample to be taken at the autopsy is the gastric content. Large numbers of undigested pills may be present or analysis of the residue may indicate a lethal level. Then, even with a low blood level, we can safely say there was an intent to commit suicide.

Fatal levels of DARVON (propoxyphene) and other drugs may be found in the liver or other organs and not in the body fluids. This is because they are stored there after being absorbed by the bloodstream. In fact, heroin which is changed to morphine in the body, can be found in the gallbladder up to a week after it has been taken!

Nowadays, there is a staggering number of illegal drugs and new medicines available to the public. More than just a tube of blood is required to screen for all these substances, and every positive test must be repeated and confirmed by another analysis to withstand the rigors of cross-examination. This is why we request a six ounce jar of blood rather than a test tube.

2. Drug addicts often have parties or "shooting galleries" where a quantity of drug is shared, and sometimes injected using the same needle. If a member dies or O.D.'s they are often "dumped" at a hospital, in their car, or a remote area. They may have scars or "tracks" over their arm veins or, if a new member, just a single recent needle mark. These may be difficult to find and can occur over the backs of the hands or any other place where a vein is accessible. Suspicious areas are incised by the medical examiner to see if there is recent bleeding underneath the injection site. Many drug addicts have chronic hepatitis and may have yellow eyeballs.

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Many individuals who die from a drug injection develop pulmonary edema or massive fluid in their lungs. This may be seen as frothy foam in the mouth and nose similar to that seen in many cases of drowning. Sometimes fragments of pills or powdered materials may be seen around the mouth. Of course if a person ingested an acid or caustic substance there may be burns on the mouth. Certain poisons such as cyanide or drugs like PLACIDYL (ethychlorvinyl) have a strong odor in the stomach and sometimes around the mouth or body.

3. At the hospital the coroner should confiscate any fluids removed from the body including gastric contents, urine or blood. A tube of blood may have been drawn for testing in case a transfusion is needed, so get these samples from the laboratory as they are usually taken immediately before any drugs or procedures are administered to a victim. This uncontaminated sample will tell what level of drugs were present at the time the patient was first admitted to the hospital.

The pockets or the purse of the victim should be searched for medicine bottles, drugs, syringes or other paraphernalia. If a residence is located, confiscate all the medicines belonging to the decedent. Any medicines available to the decedent but belonging to somebody else should be identified. (In other words, don't kill the husband by confiscating his heart pills!) The medical examiner can then know what medicine to look for or what drug to ask the toxicologist to test for.
4. All evidence should also be sealed, labelled and at least initialed by the investigator. The person who actually obtained the blood from the victim must sign the evidence receipt. By sealing the top of the container it also prevents the stopper from slipping loose. Label the seal with the victim's name and date the sample was received. Sign or initial it somewhere.

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